

New Jersey Health IT Looking Ahead in 2011

Colleen Woods
Health IT Coordinator
State of New Jersey

NJHIMSS, Orlando,
February 22, 2011



Agenda

- Accomplishments
- Actions to Implement
- Education and Training

HITECH Goals

HITECH: **H**ealth **I**nformation **T**echnology for
Economic and **C**linical **H**ealth Act

- Improving quality of patient care
- Saving/containing healthcare costs



New Jersey Health IT Vision

- New Jersey residents will have a secure health record to enable *all* residents and their physicians to improve care across the healthcare eco-system of consumers, physicians, hospitals, labs, and pharmacies while protecting privacy and containing costs.

We envision a New Jersey HIT environment by 2014 where:

- ☐ All NJ consumers have a secure electronic health record that includes all health related information and services (includes behavioral health & addiction services)
- ☐ Consumers trust and are actively engaged in their healthcare
- ☐ Patient privacy is effectively protected
- ☐ Healthcare providers have ready access to information to support clinical decisions and care coordination
- ☐ Healthcare outcomes and patient safety are improved
- ☐ Healthcare costs are reduced
- ☐ Underserved communities and special care individuals (i.e., children, disabled & long term care) have full access to the healthcare system
- ☐ Public health surveillance capabilities are leveraged and expanded
- ☐ Innovation drives an improved healthcare delivery system
- ☐ New HIT employment opportunities are created and supported

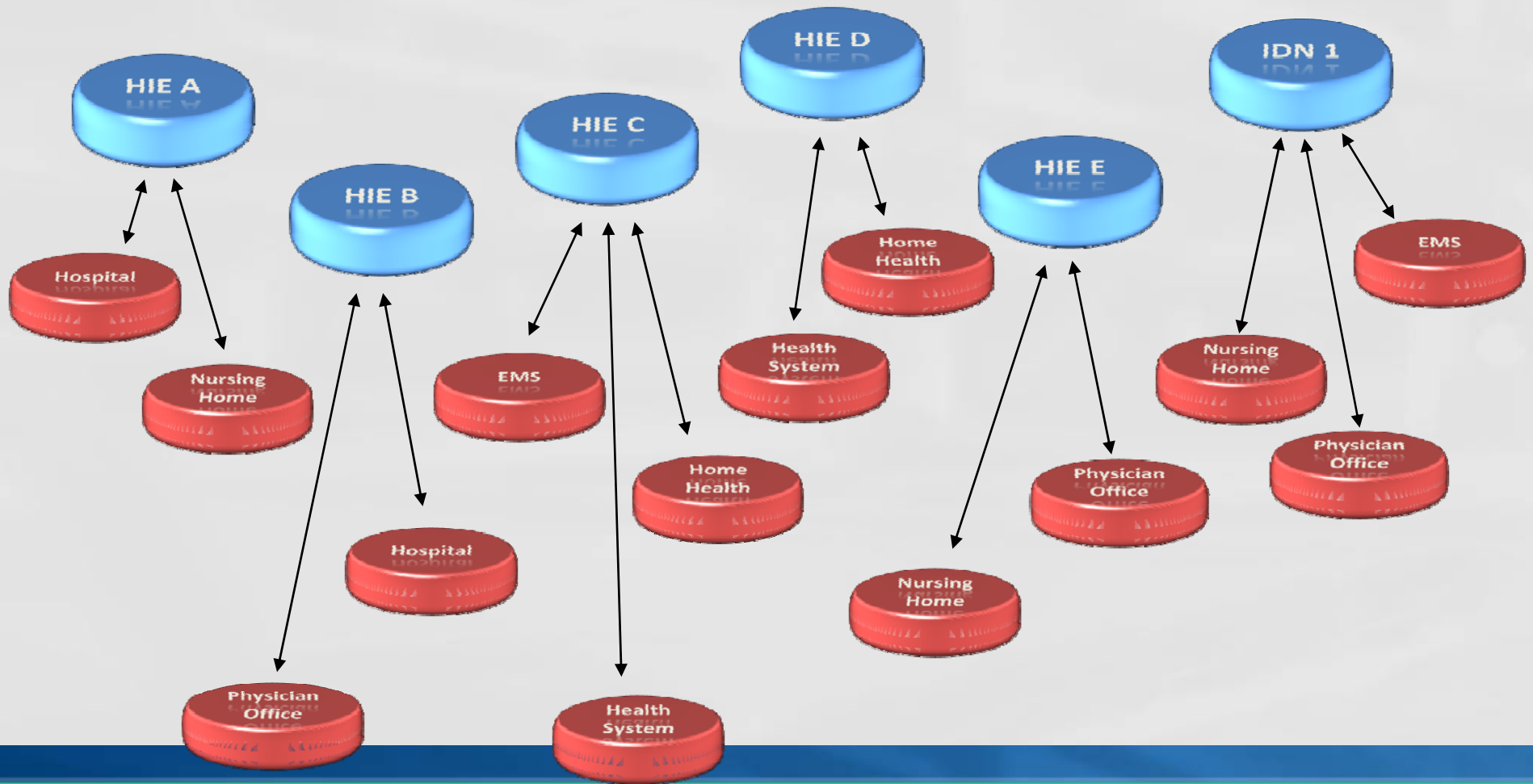
Resulting in the improved health of New Jersey consumers

Fundamentals of New Jersey HIT Program

- Consumer and Physician Engagement
- Key Data to be Shared for Meaningful Use
 - Labs, Meds, Continuity of Care Document
- Technology to Support EHRs and HIEs
- Governance to oversee secure and accurate data exchange
- Consent management with Privacy and Security

Network of Networks

Mission One: Standing Up Regional HIEs and IDNs



Technical Structure: NJHIN

The diagram illustrates the technical structure of the NJHIN (New Jersey Health Information Network). It shows the flow of data between various entities and services.

Physician Office Visits: Represented by an image of a doctor and a patient. This category connects to In-State Regional HIEs.

Acute Hospitalizations: Represented by an image of a hospital bed. This category connects to Interoperable Hospitals/IDNs.

Pharmacy Visits: Represented by an image of a pharmacist. This category connects to Standalone Physician Practices/EMRs.

ER Visits: Represented by an image of an ER doctor. This category connects to PHR Services (web-based) for the General Public.

Patient Home Access: Represented by an image of a family at home. This category connects to PHR Services (web-based) for the General Public.

Central Components:

- In-State Regional HIEs:** A yellow box that receives data from Physician Office Visits and connects to the NJHIN Shared Service.
- Interoperable Hospitals/IDNs:** An orange box that receives data from Acute Hospitalizations and connects to the NJHIN Shared Service.
- Standalone Physician Practices/EMRs:** A green box that receives data from Pharmacy Visits and connects to the NJHIN Shared Service.
- PHR Services (web-based) for the General Public:** A pink box that receives data from ER Visits and Patient Home Access, and connects to the NJHIN Shared Service.
- NJHIN Shared Service:** A large blue box that receives data from all four central components and provides services to the State Data Sources and Labs, Pharmacies and Payers.
- NHIN – Nationwide Health Information Network *DIRECT*:** A green box that connects to Out Of State HIEs and Federal Agencies, and provides services to the NJHIN Shared Service.
- Labs, Pharmacies and Payers:** A blue box that provides services to the NJHIN Shared Service. It includes Hospital Labs, Commercial Labs, SureScripts Hub, and Healthcare Payers (Commercial Claims).

State Data Sources: A vertical stack of three boxes on the right side of the diagram, representing the State Health Related Registries, State Supplemental Data Registries, and Medicaid Management Information System (MMIS).

Services Delivered by NJHIN Shared Service:

- Master Patient Index
- Statewide Record Locator Services
- Audit and Security Functions
- Data Translation
- Interoperability Services
- Directory Services
- Consent Management

State Data Sources:

- State Health Related Registries:** (lead screening, birth, death, immunization, behavioral health data, addiction data etc.)
- State Supplemental Data Registries:** (Department of Motor Vehicles in support of Master Patient Index generation)
- Medicaid Management Information System (MMIS):** (Visit History, Rx History, Eligibility)

Labs, Pharmacies and Payers:

- Hospital Labs
- Commercial Labs
- SureScripts Hub
- Healthcare Payers (Commercial Claims)

Out Of State HIEs and **Federal Agencies** are connected to the **NHIN – Nationwide Health Information Network *DIRECT***.

Accomplishments

NJ Steps into Meaningful Use

- # Hospitals Registered
- 980 Physicians Signed Up for MU with NJ-HITEC



Meaningful Use



NJ Health IT Website Launched

www.nj.gov/njhit



Meaningful Use



NJ HIT Web site



ONC Approves NJ Plans

- First state strategic and operational plan approval in 2011
- HIE Funding in Process for four designated HIEs

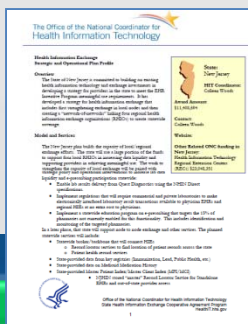
Meaningful Use




NJ HIT Web site



Plans Approved





The Office of the National Coordinator for Health Information Technology

Health Information Exchange Strategic and Operational Plan Profile

Overview

The State of New Jersey is committed to building on existing health information technology and exchange investments in developing a strategy for providers in the state to meet the EHR Incentive Program meaningful use requirements. It has developed a strategy for health information exchange that includes: first strengthening exchange in local nodes; and then creating a "network-of-networks" linking four regional health information exchange organizations (RHIOs) to create statewide coverage.

Model and Services

The New Jersey plan builds the capacity of local/regional exchange efforts. The state will use a large portion of the funds to support four local RHIOs in increasing data liquidity and supporting providers in achieving meaningful use. The work to strengthen the capacity of local exchange will be paired with strategic policy and operational interventions to increase lab data liquidity and e-prescribing participation statewide:

- Enable lab results delivery from Quest Diagnostics using the NHIN Direct specifications.
- Implement regulations that will require commercial and private laboratories to make electronically interfaced laboratory result transactions available to physician EHRs and regional HIEs at no extra cost to physicians.
- Implement a statewide education program on e-prescribing that targets the 15% of pharmacies not currently enabled for this functionality. This includes identification and monitoring of the targeted pharmacies.

In a later phase, that state will support node to node exchange and other services. The planned statewide services will include:

- Statewide broker/backbone that will connect HIEs:
 - o Record locator services to find location of patient records across the state
 - o Patient health record services
- State-provided data from key registries (Immunization, Lead, Public Health, etc.)
- State-provided data on Medicaid Medication History
- State-provided Master Patient Index/Master Client Index (MPI/MCI)
- NJHIN stored "master" Record Locator Service for Standalone EHRs and out-of-state provider access

State:
New Jersey


HIT Coordinator:
Colleen Woods

Award Amount:
\$11,408,594

Contact:
Colleen Woods

Website:

Other Related ONC funding in New Jersey:
Health Information Technology Regional Extension Centers (RECs) \$23,048,351



Office of the National Coordinator for Health Information Technology
State Health Information Exchange Cooperative Agreement Program
HealthIT.nj.gov

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Health IT Project Team in Place

- Project Management Team Hired
- NJ HIT Mission Control in State House, Trenton (next to HIT Coordinator's office)



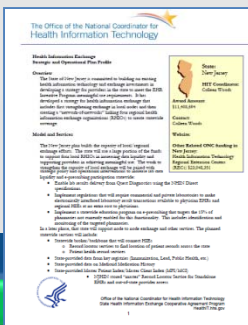
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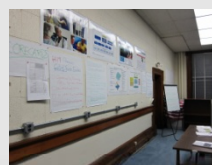
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Plans Approved



HIT Team



NJ Medicaid's HIT Plan

- SMHP Plan Submitted to CMS
- EHR Incentive Program implementation has begun
- Focus on registration

Governor Chris Christie • Lt. Governor Kim Guadagno
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STATE OF NEW JERSEY
 DEPARTMENT OF HUMAN SERVICES
 DIVISION OF MEDICAL ASSISTANCE & HEALTH SERVICES

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 NJ FamilyCare
 NJ FamilyCare Advantage
 NJ Prescription Drug Price Registry
 Lead Poisoning Prevention Resource Materials
NJ Medicaid
 Healthcare Needs Provided for by NJ Medicaid
 Families and Children
 Aged, Blind, and Disabled
 Pregnant women
 Children
 Emergency Payment Program for Aliens
 HMO's (Health Maintenance Organizations)
 NJ WorkAbility
 Information for Providers & Stakeholders: Contracts, Legal Notices
 News, Publications, Reports & Resources

DHS Home > Division of Medical Assistance and Health Services > Consumers & Clients - Individuals & Families > NJ Medicaid

NJ Medicaid

Medicaid provides health insurance to parents/caretakers and dependant children, pregnant women, and people who are aged, blind or disabled. These programs pay for hospital services, doctor visits, prescriptions, nursing home care and other healthcare needs, depending on what program a person is eligible for.

To be eligible for New Jersey Medicaid, a person must:

- be a resident of New Jersey
- be a U.S. Citizen or qualified alien (most immigrants who arrive after August 22, 1996 are barred from Medicaid for five years, but could be eligible for [NJ FamilyCare](#) and certain programs for [pregnant women](#))
- meet specific standards for financial income and resources

In addition, a person must fall into one of the following categories:

- [Families with dependent children](#)
- [People who are 65 years of age or older, blind, or permanently disabled](#)
- [Pregnant Women](#)

Within New Jersey Medicaid there are also a number of special programs designed to meet the specific medical needs of certain groups of people who would not otherwise qualify for the program. These include:

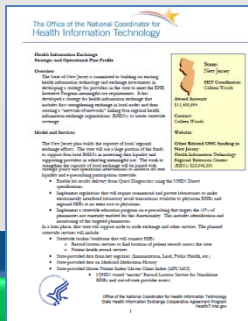
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NJ HIT Web site



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HIT Team

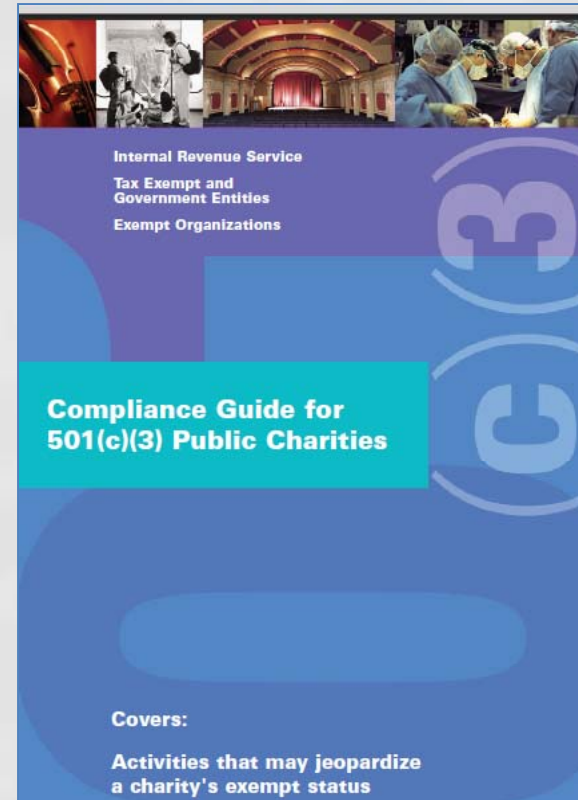


Medicaid SMHP



Governance

- 501(c)(3) Direction
Approved by
Governor's Policy
Office



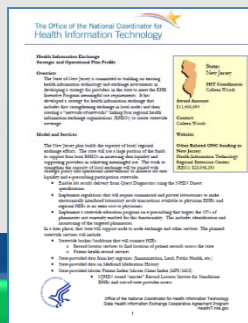
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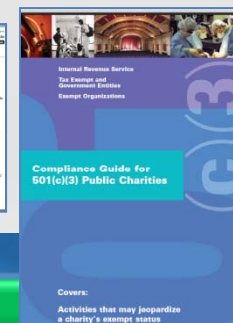
HIT Team



Medicaid SMHP

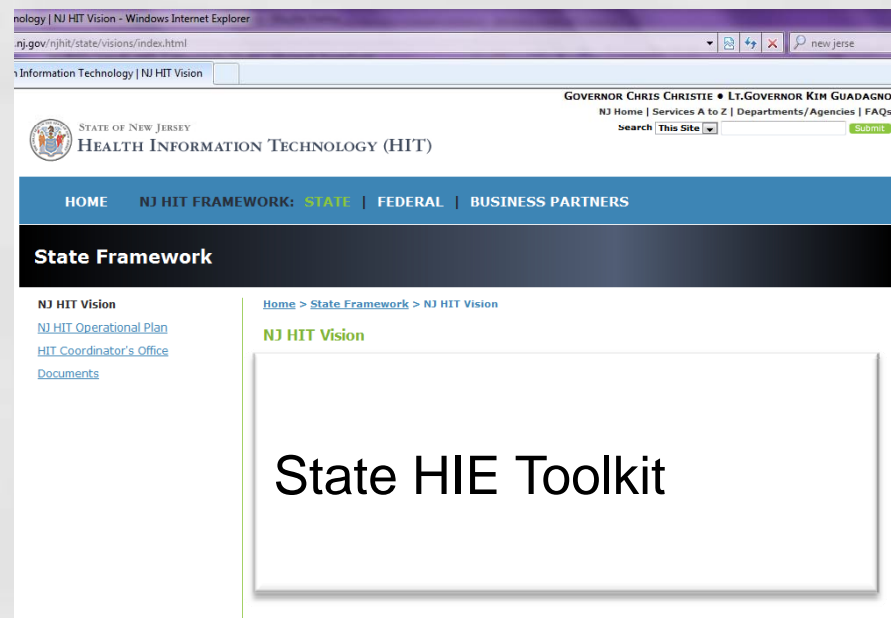


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State HIE Toolkit

- Privacy and Security framework
- HIE definition
- Policies and forms (for exchange and for sharing patient info)



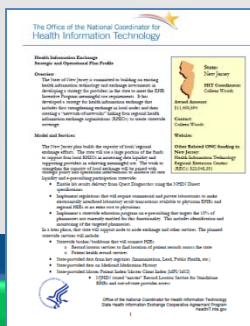
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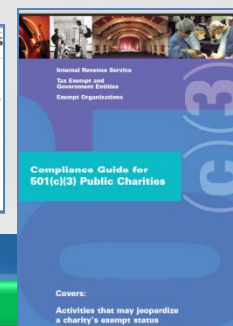
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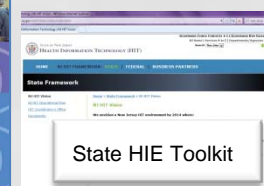
Medicaid SMHP



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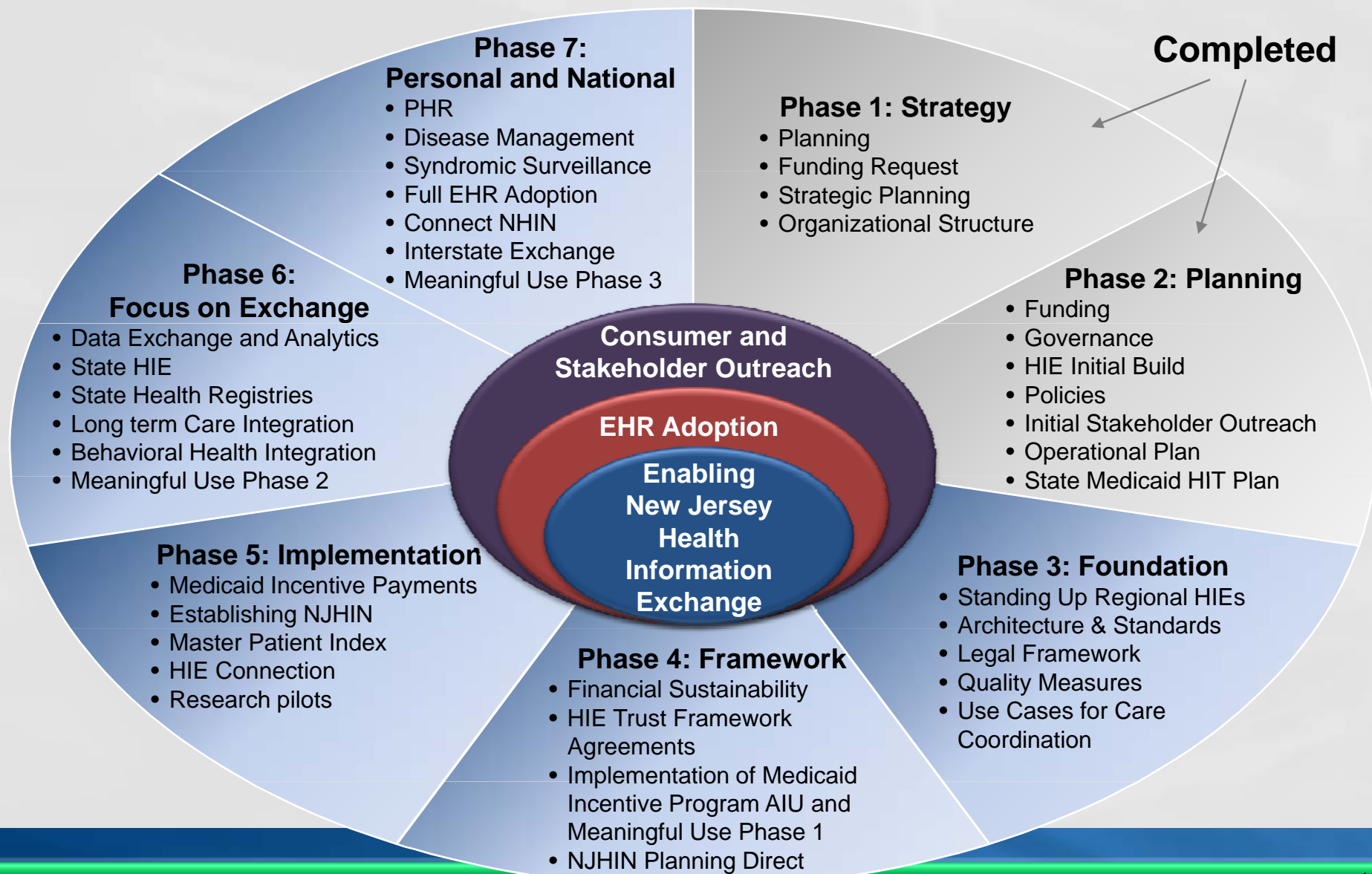


State HIE Toolkit



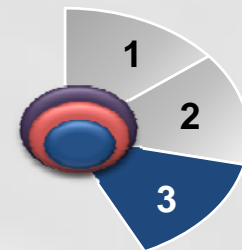
Actions To Implement

NJ HIT Program Focus for 2011+



Phase 3 - 2011 - Q1 Q2

Foundation

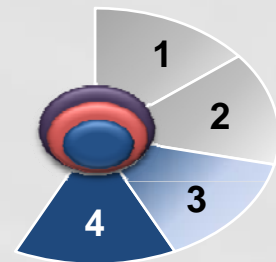


- **Standing Up Regional HIEs**
- Architecture & Standards
- Legal Framework
- Quality Measures
- Use Cases for Care Coordination
- Environmental Scan

Communication and Outreach

Build on ONC National Campaign with
NJ Campaign and NJ-HITEC Outreach Activities

Phase 4 - 2011 - Q2 Q3 Framework

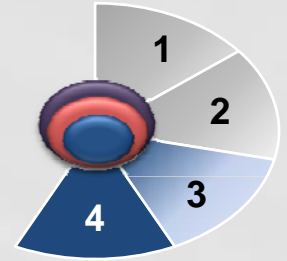


- **Financial Sustainability**
- HIE Trust Framework Agreements
- Implementation of Medicaid Incentive Program A/I/U and Meaningful Use Phase 1
- NJHIN Planning
- Workforce Development

Communication and Outreach

- Medicaid Incentive Program Preparation
- IT Vendor Summit
- Innovation Summit

Sustainability: Follow the money



- **\$1.25 to \$3.00**

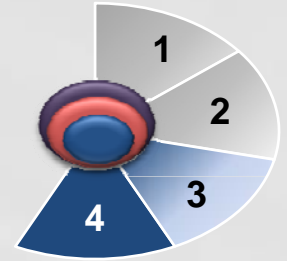
Estimated annual cost/person to implement HIE

- **\$5,800.00**

Annual healthcare cost/person in New Jersey

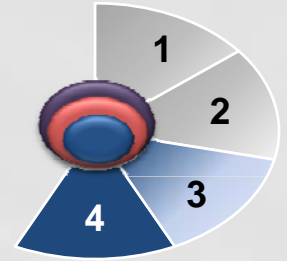
- Cost savings of 1% = \$58 per person
- A substantial return on investment

Sustainability: Guiding Factors



- Seek value-added services that contribute to
 - Achieving meaningful use
 - Increasing quality of care and containing costs
- Share costs equitably with benefiting entities
- Higher start-up costs accelerate cash-flow needs
- Alternate revenue sources (e.g. grants) to be tapped prior to charging users for services

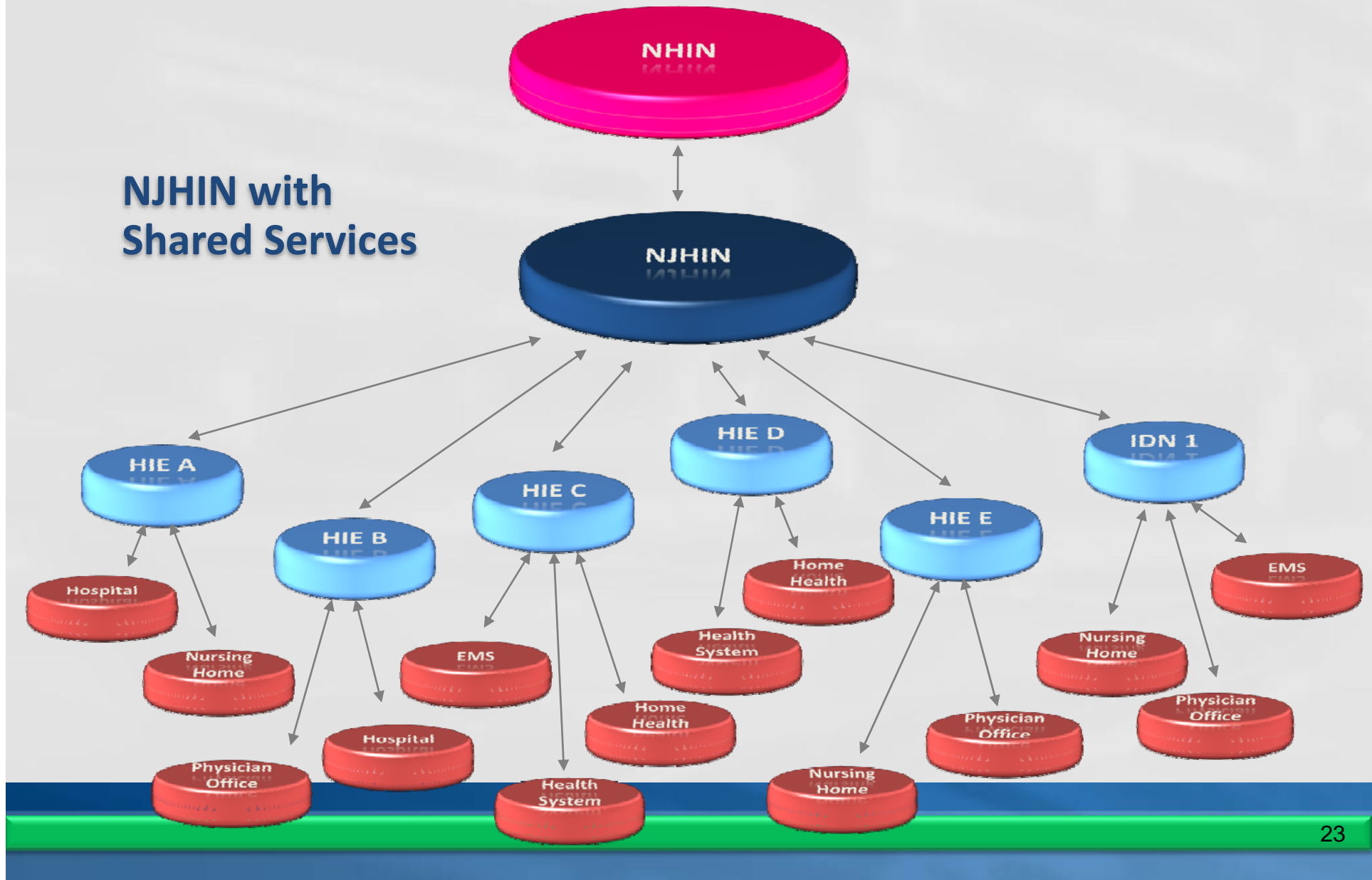
Sustainability: Actions



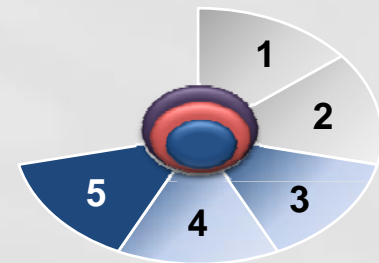
- Determine and identify:
 - Cost to implement and operate
 - Value of services and market demand
 - Universe of revenue sources
 - Grants, charges for services or secondary data
 - Funding mechanisms
 - Fee models best aligned with benefits received
 - Meetings with major stakeholders

Building upon the Network of Networks

NJHIN with
Shared Services



Phase 5 - 2011 - Q3 Q4 Implementation

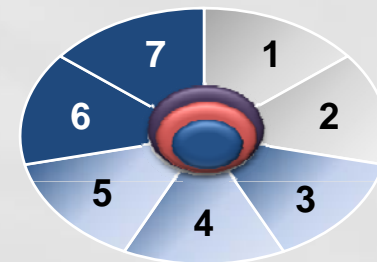


- **Medicaid Incentive Payments**
- **Establishing NJHIN**
- Master Patient Index
- HIE Connection
- Research pilots

Communication and Outreach

- Medicaid EHR Incentive Payments
- Ongoing Provider Support
- Recognizing Provider Champions
- Consumer Outreach

Phases 6 and 7



Phase 6 - 2012 Q1 Q4 Focus on Exchange

- **Data Exchange**
- Data Analytics
- **State HIE**
- State Health Registries
- Long term Care Integration
- Behavioral Health Integration
- Meaningful Use Phase 2

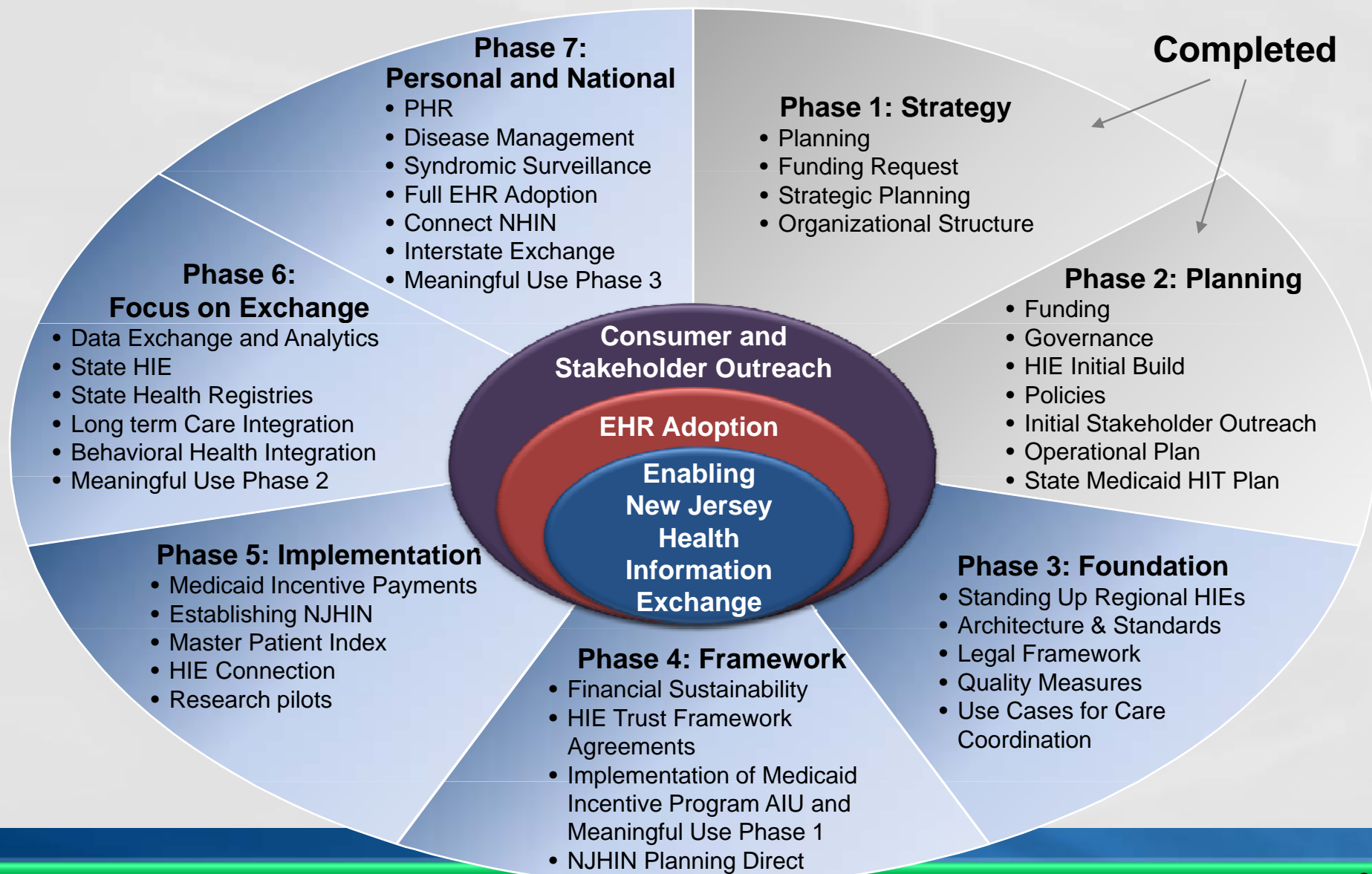
Phase 7 - 2013 Personal and National

- **PHR**
- Disease Management
- Syndromic Surveillance
- Full EHR Adoption
- **Connect NHIN**
- Interstate Exchange
- Meaningful Use Phase 3

Communication and Outreach

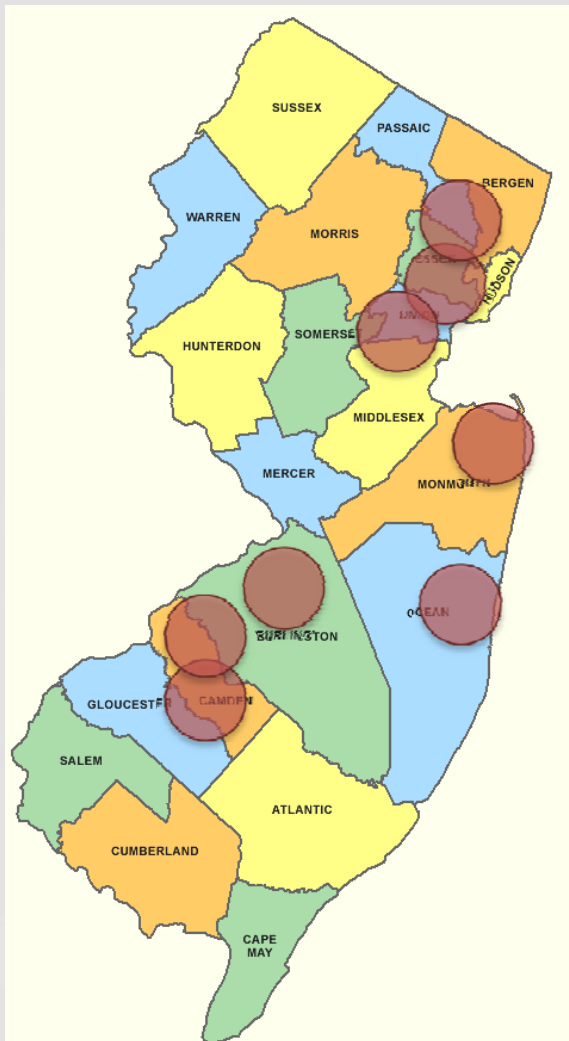
Full consumer and stakeholder engagement

NJ HIT Program Focus for 2011+



Education and Training

HIT Workforce Development in NJ



- [Brookdale Community College](#) Lincroft, NJ
- [Burlington County College](#) Pemberton, NJ
- [Camden County College](#) Blackwood, NJ
- [Essex County College](#) Newark, NJ
- [Gloucester County College](#) Sewall, NJ
- [Ocean County College](#) Toms River, NJ
- [Passaic County Community College](#) Paterson, NJ
- [Raritan Valley Community College](#) Branchburg, NJ

NJ-HITEC: New Jersey's REC



New Jersey's Regional Extension Center
at New Jersey Institute of Technology

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WELCOME TO New Jersey's Regional Extension Center

The nation's healthcare system is undergoing a transformation in an effort to improve quality, safety and efficiency of care by harnessing advances in EHR technologies and health information exchange. To help facilitate this vision, the Health Information Technology for Economic and Clinical Health Act, or the "HITECH Act" authorizes the creation of Health Information Technology Extension Programs. The extension program consists of Regional Extension Centers (REC) and a national Health Information Technology Research Center (HITRC).

The regional centers will offer technical assistance, guidance and information on best practices to support and accelerate health care providers efforts to become meaningful users of Electronic Health Records (EHRs). The extension program has established an estimated 70 regional centers, each serving a defined geographic area. The regional centers will support at least 100,000 primary care providers throughout the country, through participating non-profit organizations, in achieving meaningful use of EHRs and enabling nationwide health information exchange.

New Jersey – Health Information Technology Extension Center (NJ-HITEC) is a federally recognized Regional Extension Center located on the campus of the New Jersey Institute of Technology. The sole purpose of NJ-HITEC is to assist New Jersey primary care providers in the successful adoption, implementation and use of electronic health records systems and to become **meaningful users** of those healthcare technologies, in order to deliver quality care improvements to New Jersey residents throughout the state.

[Read more >](#)

New Jersey Health IT Looking Ahead in 2011

<http://www.nj.gov/njhit/>

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